Community Seclusion and Restraint Reporting Form 2005 Report

Name of

Organization:		Date:	
Date Episode Initiated The date the individual was placed in seclusion or restraint.	Type of Procedure Select One – Seclusion, Physical Restraint, Mechanical Restraint or Pharmacologic Restraint	Rationale Select One – Behavioral, Medical or Protective	Duration See Description Below

Duration refers to the time the individual was placed in restraints until the terminal release time. The terminal release time is the time the individual is released from seclusion and restraint and is not placed back in the restriction under the same order and no continuation order for the procedure is given.

